

Natalie S. Riessen
205 East 59th Street, #19A
New York, NY 10022

September 19, 2011

DELIVERY METHOD:

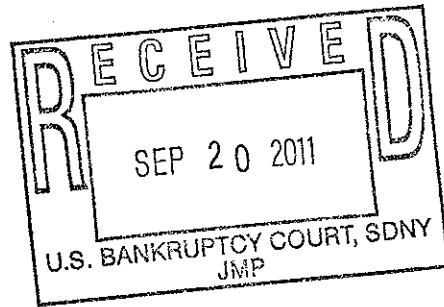
Overnight next day by 10am via Federal Express # 8703 1364 6588

Honorable James M. Peck
One Bowling Green
New York, New York 10004
Courtroom 601

Weil Gotshal & Manges LLP
767 Fifth Avenue
New York, New York 10153
Attn: Robert J. Lemons, Esq & Mark Bernstein, Esq.

Office of the United States Trustees for Region 2
33 Whitehall Street
21st Floor
New York, New York 10004
Attn: Tracy Hope Davis, Esq., Elisabetta Gasparini, Esq. & Andrea Schwartz, Esq.

Milbank, Tweed, Hadley & McCloy LLP
1 Chase Manhattan Plaza
New York, New York 1005
Attn: Dennis F. Dunne, Esq., Dennis O'Donnell, Esq. & Evan Fleck, Esq.



RE:

Bankruptcy Court:
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Debtors
In re LEHMAN BROTHERS HOLDINGS INC., et al.,

Chapter 11 Case No.
08-13555 (JMP)

Title of Objection:
OBJECT TO THE "CLAIM TO BE DISALLOWED & EXPUNGED"

Name of Claimant:
NATALIE SUE RIESSEN

Description Claim:
**Reimbursement for Unusual Travel & Business Expenses related to Job – 11 U.S.C
Section 507(a)**

Amount of Claim:
\$552.44

Dear Parties to the Objection,

I am writing in response to your notice dated August 19, 2011, copy attached for your reference. I do OPPOSE the disallowance and expungement of my claim described in your letter and further set forth below.

The basis of my claim and the reason for my objection to disallow and expunge my claim is that these are valid travel, meals and entertainment, and other business expense related to my position and client activity that I incurred and that are required to be reimbursed to me. These expenses were incurred on behalf of Lehman Brothers within 180 days and prior to the September 15, 2008 bankruptcy of Lehman Brothers.

I have attached a Summary sheet for your reference that reflects the total un-reimbursed business expenses of \$552.44. In addition, I have attached the related taxi receipts totaling \$131.50, the client meal of \$60.94 and the approval signature of Steve Alpers dated September 8, 2008 for the CFP certification license fee of \$360. Steve Alpers was the manager in charge of approving expenses to be reimbursed. *These expenses were submitted to Lehman Brothers, but no reimbursement was received.*

In light of the above and documentation evidence attached, I am kindly requesting that my claim for reimbursement of business expenses of \$552.44 be paid to me.

Please send the check and any additional correspondence to me at the following address as reflected on the original claim:

Natalie S. Riessen
205 East 59th Street, #19A
New York, NY 10022

If you need to contact me by phone, please call me at (212) 759-1113 or my cell (917) 224-5313. I greatly appreciate your attention to this matter.

Sincerely yours,



Natalie S. Riessen

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re

LEHMAN BROTHERS HOLDINGS INC., *et al.*,

Debtors.

Chapter 11 Case No.

08-13555 (JMP)

(Jointly Administered)

LBH OMNI177 08-19-2011 (MERGE2, TXNUM2) 4000113026 BAR(23) MAIL ID *** 000050941845 *** BSIUSE: 23
RIESEN, NATALIE S.
205 EAST 59TH STREET, #19A
NEW YORK, NY 10022

**THIS IS A NOTICE REGARDING YOUR CLAIM(S). YOU MUST READ IT
AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE OBJECTION,
PLEASE CONTACT DEBTORS' COUNSEL, ERIKA DEL NIDO, ESQ., AT 212-310-8323.**

**NOTICE OF HEARING ON DEBTORS' ONE HUNDRED SEVENTY-SEVENTH OMNIBUS
OBJECTION TO CLAIMS (NO LIABILITY NON-DEBTOR EMPLOYEE CLAIMS)**

CLAIM TO BE DISALLOWED & EXPUNGED	
Creditor Name and Address: RIESEN, NATALIE S. 205 EAST 59TH STREET, #19A NEW YORK, NY 10022	Claim Number: 66003
	Date Filed: 12/23/2009
	Debtor: 08-13555
	Classification and Amount: PRIORITY: \$ 552.44

PLEASE TAKE NOTICE that, on August 19, 2011, Lehman Brothers Holdings Inc. and certain of its affiliates (collectively, the "Debtors") filed their One Hundred Seventy-Seventh Omnibus Objection to Claims (No Liability Non-Debtor Employee Claims) (the "Objection") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").¹

The Objection requests that the Bankruptcy Court disallow and expunge your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED on the ground that it was filed against the Debtors asserting claims for compensation arising out of your employment with entities that are not Debtors in these chapter 11 cases. Any claim that the Bankruptcy Court expunges and disallows will be treated as if it had not been filed and you will not be entitled to any distribution on account thereof.

If you do NOT oppose the disallowance and expungement of your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then you do NOT need to file a written response to the Objection and you do NOT need to appear at the hearing.

If you DO oppose the disallowance and expungement of your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then you MUST file with the Court and serve on the parties listed below a written response to the Objection that is received on or before 4:00 p.m. prevailing Eastern Time on September 20, 2011 (the "Response Deadline").

Your response, if any, must contain at a minimum the following: (i) a caption setting forth the name of the Bankruptcy Court, the names of the Debtors, the case number and the title of the Objection to which the response is directed; (ii) the

¹ A list of the Debtors, along with the last four digits of each Debtor's federal tax identification number, is available on the Debtors' website at <http://www.lehman-docket.com>.

Expenses

Natalie S. Riessen
As of September 15, 2008

	Misc Expenses	Meals/ Entertainment	Taxi/ Car Service
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Client: Glenn Fuhrman, MSD Capital

9/3/08 Lunch		\$60.94	
	\$0.00	\$60.94	\$0.00
			\$60.94

Renewal Professional Dues - Approved by Steve Alper (see signature)

CFP Certification		\$360.00	
	\$360.00	\$0.00	\$0.00
			\$360.00

Weekend in LEH Offices for Business Mgmt

9/14/2008 - Taxi		\$5.40	
	\$0.00	\$0.00	\$5.40
			\$5.40

Client Meetings

8/26/08 Jerry DesRoches, WTAS	Taxi		\$8.50
	Taxi		\$8.10
9/8/2008 Gold Family	Taxi		\$6.00
9/9/2008 Paul Sowell	Taxi		\$16.60
	Taxi		\$13.70
9/11/2008 Boyd Level	Taxi		\$20.00
	Taxi		\$11.60
9/12/2008 New York Academy of Art	Taxi		\$9.90
	Taxi		\$15.30
9/15/08 Maxfield, Red Lion Family Office	Taxi		\$7.90
9/16/08 John Draghi	Taxi		\$8.50
	\$0.00	\$0.00	\$126.10
			\$126.10

**\$552.44 Total Business Expenses
to Be Reimbursed to
Natalie S. Riessen**

FIG & OLIVE

10 East 52nd Street
New York, NY 10022

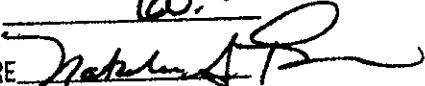
212.319.2002

Date: Sep03'08 12:49PM
Card Type: amex
Acct #: XXXXXXXXXX3006
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: A1A001020178248
Exp Date: XX/XX
Auth Code: 587451
Check: 4067
Table: 127/1
Server: 17 John L

Subtotal: **50.94**

TIP 10.00

TOTAL 60.94

SIGNATURE 

www.figandolive.com

Thank you for coming

See you soon.



**CLUB MEMBERSHIP AND PROFESSIONAL DUES
APPROVAL FORM**

Lehman Brothers Employee's Name/Title: Natalie Sissen

Department Name: PTM P & L: 00306 Date: 9/8/08

Location: 399 Park Ave. Telephone: 212-526-3744

Name of Organization: CFP Certification, Renewal Fee

Address: 1425 K Street, NW, Suite 500, Washington D.C. 20005

Telephone: 800-487-1497 Amount of Dues: \$ 360.00

Payment Schedule: Yearly Semi-Annually Monthly

Membership Type: Individual Corporate
Type of Club: Professional Social Country Other (Explain)

Business Purpose: Private

Firm Privileges: _____

Requestor Signature: Natalie Sissen

Manager's Signature: Greg Siles

APPROVED:

Greg Siles

**NOTE: CLUB MEMBERSHIP DUES WILL NOT BE REINBURSED OR PAID BY THE FIRM
UNTIL THIS FORM IS PROPERLY FILLED OUT IN ITS ENTIRETY, APPROVED BY THE
BUSINESS HEAD AND FORWARDED ALONG WITH INVOICE AND T&E TO:**

Add - Payment Form

B. CFP Board of Standards, Inc.

CFP® Certification Renewal Fee

Payment Information

As part of the certification requirements, CFP® certificants pay a nonrefundable fee of \$360 for the two-year period. This fee may be prorated if the certification period is less than two years. To pay online, you must use a valid credit card. Once you have completed the following form, click "Submit."

Invoice	Product	Invoice Amount	Credit Applied	Payment Applied	Amount Due
1125373	Certification Fee - Certification Fee	\$360.00	\$0.00	\$360.00	\$360.00
	Totals:	\$360.00	\$0.00	\$360.00	\$360.00

Full Name: Ms. Natalie S. Riessen

Credit Card Type:

Card Number:

Expires: 09/2008

Cardholder Name:

Steve,

Could you please approve the payment
for my renewal fee?

Thank you
Natalie

MED# 1F81
09/12/08 TR 7298
START END MILES
18:53 19:17 2.7
Regular Fare
RATE 1:\$ 13.30
SURCH: \$ 1.00
TIP : \$ 1.00
TOTAL: \$ 15.30

Card Type: ANEX
XXXXXXXXXXXX3006
AUTH:544036

THANKS
TO CONTACT TLC
DIAL 3-1-1

MED# 6037
ID # 00488370
STAND. CITY RATE
RATE USED: 1
PASSENGERS: 1
09/14/08 TR 1795
START END MILES
22:31 22:37 0.4
FARE : \$ 4.90
EXTRA: \$ 0.50
TOTAL: \$ 5.40
TO CONTACT TLC
DIAL 3-1-1

-CREDIT RECEIPT-
TIP : \$ 0.50
GR.TOT: \$ 5.90
CARDNUMBER: 3006
AUTHOR.: 588710

I ♥ NEW YORK

HACK # 00491256
MED # 8E89
TRIP # 8838
DATE: 09/15/2008
START TIME 13:59
END TIME 14:08
RATE No. 1
STAND. CITY RATE
MILES RI 1.49
FARE1 \$ 5.90
Tip/Other 1.00
GR.TOT. 7.30

Contact TLC Dial
3-1-1
CARDNUMBER: 3006
AUTHOR.: 561763

I ♥ NEW YORK
HACK # 00465072
MED # 1297
TRIP # 2814
DATE: 09/16/2008
START TIME 17:17
END TIME 17:25
RATE No. CITY RATE
MILES RI 1.95
FARE1 \$ 6.00
SURCHAGE 1.00
TIP/Other 1.50
GR.TOT. 8.50

Contact TLC Dial
3-1-1
CARDNUMBER: 1004
AUTHOR.: 558747

I ♥ NEW YORK

MED# 9V42
06/26/08 TR 9778
START END MILES
16:57 17:07 0.6
REGULAR FARE
RATE 1:\$ 6.50
SURCH: \$ 1.00
TIP : \$ 1.00
TOTAL: \$ 8.50

CARD TYPE: AMEX
XXXXXXXXXXXX3006
AUTH:568838

THANKS
TO CONTACT TLC
DIAL 3-1-1

HACK # 00442480
MED # 2T46
TRIP # 12723
DATE: 08/26/2008
START TIME 16:20
END TIME 16:27
RATE No. 1
STAND. CITY RATE
MILES R1 1.95
FARE1 \$ 6.10
SURCHARGE 1.00
TOTAL \$ 7.10
Tip/Other 1.00
GR.TOT. 8.10

Contact TLC Dial
3-1-1

CARDNUMBER: 3006
AUTHOR.: 562268

I ♥ NEW YORK

HACK # 00433594
MED # 9953
TRIP # 14230
DATE: 09/08/2008
START TIME 20:29
END TIME 20:34
RATE No. 1
STAND. CITY RATE
MILES R1 0.74
FARE1 \$ 4.50
SURCHARGE 0.50
TOTAL \$ 5.00
Tip/Other 1.00
GR.TOT. 6.00

Contact TLC Dial
3-1-1

I ♥ NEW YORK

HACK # 05119665
MED # 3080
TRIP # 11230
DATE: 09/09/2008
START TIME 18:59
END TIME 19:16
RATE No. 1
STAND. CITY RATE
MILES R1 3.34
FARE1 \$ 11.70
SURCHARGE 1.00
TOTAL \$ 12.70
Tip/Other 1.00
GR.TOT. 13.70

Contact TLC Dial
3-1-1

CARDNUMBER: 3006
AUTHOR.: 588693

09/11/08 05:28PM
MEDALLION 4B52
DRIVER 408718
TRIP# 23
START 04:54PM
END 05:27PM
DIST 4.2 mi

STAND. CITY RATE
RATE 1 4.2 mi
FARE 18.90
EXTRAS 1.00
TIP 0.10
TOTAL 20.00

AMEX INT.
XXXXXXXXXXXX3006
AUTH. 523760
CONTACT TLC 311

MED# 3088
09/11/08 TR 18
START END MILES
23:26 23:39 3.1
REGULAR FARE
RATE 1:\$ 10.10
SURCH: \$ 0.50
TIP : \$ 1.00
TOTAL: \$ 11.60

CARD TYPE: AMEX
XXXXXXXXXXXX3006
AUTH:562614

THANKS
TO CONTACT TLC
DIAL 3-1-1

I ♥ NEW YORK

HACK # 30451101
MED # 452
TRIP # 1041
DATE: 09/12/2008
START TIME 14:51
END TIME 15:05
RATE No. 1
STAND. CITY RATE
MILES R1 2.20
FARE1 \$ 8.30
Tip/Other 1.00
GR.TOT. 9.30

Contact TLC Dial
3-1-1

AMEX INT.
XXXXXXXXXXXX3006
AUTH. 523760
CONTACT TLC 311